S. No. 1

1	PLACE OF DEATH	STATE OF MARYLAND
	County Jako	CERTIFICATE OF DEATH
	B L	Registration Dist. No. 290
	Village or City Oax low (No	St.: Ward) (If denth occurred in a hospital or institu-
псате	2 FULL NAME Plichard H. B.	tion, give its NAME in- stend of street and number.)
Cer	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Dack of	mal Calved Stage, Widows, Widows, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month), 192, (Year)
uo su	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from 192 1 to 192 1, that I last saw have alive on 192 1, 192 1,
0110	(Month) (Day) (Year) 7 AGE	0 91
<u> </u>	2 1 Know day has.	and that death occurred on the date stated above, at
L Su	yrs. mos, ds. or min.?	Sestecemia
ery important. See in	B OCCUPATION (a) Trade, profession or particular kind of work	V V
	(b) General nature of industry business, or establishment in	(Dyration) via mos 12 de.
	which employed or (employer) 9 BIRTHPLACE (State or country) 1 A Late Constant	Contributory June 12 de. Mass
	10 NAME OF FATHER Last Known	(Signed) Jackman Than May M. D.
8	II BIRTHPLACE	11/19 (Address) 6 17 17 1
COLATION	C (State or country) Maryland	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Smalla Malker.	16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE	ients or Recent Residents) At place In the
2	(State or Country)	of deathyrsmosds. Stateyrsmosds.
nt or o	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea.h?
	Dicker & H. Brucker	Former or usual residence
me	(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
late	(Address) 6 as han the	(Jalto, Mod //-20, 192)
00	15 Filed 1/- 18 1931 N. H. News	F. Hewais Co. Dalis hyp,
	1	

If more blanks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

100011

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material engineer, Stationary fireman, etc. But in many For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the 6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid totanus) may be stated under the head of "contributory." can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was undercausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: A ccidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fled.

BINDING

FOR

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanie," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 5	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
DEC 5, 1931			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

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Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	!		

STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DE County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. it of foreign birth? _____yrs. ____mos... Length of residence in city or town where death occurred 2. FULL NAME If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word (Month) 5a. If married, widowed, or divorced HUSBAND of 22. (or) WIFE ot 6. DATE OF BIRTH (month, day, and year) properly If LESS than to have occurred on the date stated above. 7. AGE Years Months 1 day ... 45 The PRINCIPAL CAUSE OF DEATH and related causes of importance min. 01 -8. Trada, profession, or particular PATION kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. may back ludustry or business in which plnods work wes done, as SILK MILL, SAW MILL, BANK, etc. occui 11. Total time (years)
spent in this 10. Date deceasad last worked at this occupation (month end that year) _____ occupation Other Contributory Causes of importence 12. BIRTHPLACE (city or town MARGIN (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) ain (State or country) What test confirmed diagnosis? efully 2 MOTHER 15. MAIDEN NAME 23. If death was dua to external causes (VtOL ENCE) fill in also the following in important Accident, suicide, or homicide? DEATH 16. BIRTHPLACE (city or town (Stata or country Where did injury occur? ____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMAN should (Address) OF 18. BURTAL, CREMATION OR REMOVA Menner of injury WRITE CAUSE mation Nature of injury LION 24. Wes diseasa or injury in any way related to occupation of 19. UNDERTAKER (Address) if so, specify m (Signed) 20, FILED (Address) Registrar.

No. 803

BINDING

RESERVED

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Year)

death is said

Date of onset

That I attended deceased from

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The principal cause of death and related causes Date of onset of importance were as follows:			Example II	
			The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	DEC 5 1891	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURTAU V.S	July 5,1927	Peritonitis	3 days ago
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH	13385 STATE OF MARYLAND
County /alba	CERTIFICATE OF DEATH
0	Registration Dist. No. 290
Village or City Caston No. Mo. Mo.	wey St.: Ward) (If death occurred In a hospital or institution, give its NAME in
2FULL NAME Edured Coff	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mele White Single, Manual White Whowed. Manual (Write the word)	16 DATE OF DEATH (Month) 3 (Day) 3 (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h M alive on Nov 2 , 193 /
7 AGE [If LESS than	and that death occurred on the date stated above, at 5 Pm.
/ Ilday bro	The CAUSE OF DEATH * was as follows:
3 yrs. 3 mos. / ds. or min.?	A
(a) Trade, profession or particular kind of work	Scaneles & Cleare
(b) General nature of industry	reputer -
business, or establishment in which employed or (employer)	(Duration) vrs. mos de.
9 BIRTHPLACE	Contributory Calosis
(State or country) Alelauxre	(Duration)
FATHER Jaseph Edward Coffin	(Signed) / Delleawillaumond M. D.
S II BIRTHPLAGE	1/-2- 192/ (Address) Country Doth on In doth from
OF FATHER (State or Country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Elley Window	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
19 BIRTHPLACE OF MOTHER (State or Country) Mary land	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea.h?
(Informant)/Pluis Coffin	Former or usual residence Neuderson (VCO).
(Address) Studlesm mg	Treces berd not how 5, 1931
15 Filed 11/3 1931 M SV. Megistrar	D. B. Rawlings Leens boro Ma
If more blanks are needed, address tate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISTASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Stationary fireman, etc. For persons who have no occupation But in many

Statement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. use of "Tumor" for malignant neoplasms); tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY and consequences (e. g., sepsis, Example: Measles (disease etc. The contributory valvular heart disease; Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	13386 STATE OF MARYLAND
PLACE OF DEATH County	CERTIFICATE OF DEATH
C 4	Registration Dist. No. 290
Will Com Com Allow on Charles and	1 had in.
Village or City (No. Meye	St: Ward) a hospital or institution, give its NAME in
2FULL NAME Mr. Harry	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH // /3 , 193 /
8 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
luberouse	1014 3/192 to 11/3/3/, 192
(Month) (Day) (Year)	that I last saw h Line alive on
7 AGE If LESS than	and that death occurred on the date stated above, at 7 1 1 m.
l dayhrs.	The CAUSE OF DEATH * was as follows:
B OCCUPATION ds. or min.?	011.5
(a) Trade, profession or particular kind of work	Squeenes,
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs. mos Ode.
9 BIRTHPLACE	Contributory Ky Trouble Ofication)
(State or country)	(Duration) yrs mos 1 O ds.
10 NAME OF	(Signed) Trutaliset M.D.
FATHER	192 (Address) Esklay nis
O II BIRTHPLACE OF FATHER	
Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homleidal.
12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	lents or Recent Residents) At place
OF MOTHER (State or Country)	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
S S I TI	Former or usual residence Condona M.
(Informant) mergency Norpelas	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Gallon Md,	Easton 11 5 , 1931
15 m. 1/3 10081 X/1/1 Y/01 0100	20 UNDERTAKER
Filed 1920 Registrar	Jelli Sherice Vaslace
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia, ""Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Ezhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., o unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, approved by Committee on Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, (name origin; "Cancer" is less definite; avoid cough; Chronic etc. The contributory affection need not be valvular heart Nomenclature disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYL	AND-CERTIFICATE OF DEATH
1. PLACE OF DEATH	13387
County fall t	Registration Dist. No. 27
Village or City Traffel	ND. St., Ward
Length of residence in city or town where death occurredy	
2. FULL NAME addison Dick	ELEGY
(a) Residence: No.	St., Ward.
(Usual place of abo	
PERSONAL AND STATISTICAL PARTICUL 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED.	
Male Colored OR DIVORCED (run	
5e. If merried, widowed, or divorced HUSBAND of Annual Wiekenson	22/I HEREBY CERTIFY. That I ettended deceased from
(or) WIFE of	Selat 1, 197/ 10 2 20 26 193/
B. DATE OF BIRTH (month, dey, and yeer) 1862	I lest saw han alive on allow 26 , 19] /; death is sal
	f LESS than to heve occurred on the dete steted above, at 7
	ay,hrs. The PRINCIPAL CAUSE OF DEATH end releted causes of Importance were as follows:
8. Trede, profession, or perticuler kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Monie Muyoculitis 1 yr
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	
1D. Date deceesed lest worked at this occupation (month and year) - ye	his
12. BIRTHPLACE (city or town) Falls C8	Dther Contributory Causes of Importence:
	2
13. NAME PERLY DICKUSON 14. BIRTHPLACE (city or town) Jallo & CO	Name of operation Date of Date of
(State of country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Jane Lowery 16. BIRTHPLACE (city or town) Fall of	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, sulcide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Maggil Willow (Address) Franke Mis	Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place bless to apple Date NOV 3	Q_,193_1_ Nature of Injury
19. UNDERTAKER Marine & Munmanna (Address)	24. Was disease or Injury In any way releted to occupation of deceased?
20. FILED Nov. 197, 1931 Josepha Do	(Signed) (Signed) (Madress) M.
	State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of conset
Arteriosclerosis ! -> = - 3/	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
NEDT TO			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI
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FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND	CERTIFICATE OF DEATH 13388
1. PLACE OF DEATH	86
County Talkot	Registration Dist. No. 290
Village or City Easton	No. Ward Gluce Howard Ward f death occurred in a horpital or institution, give its NAME instead of seet and number)
Length of residence in city or town where death occurredyrsmo	s. 7 ds. How long in U.S. if of foreign birth?
2. FULL NAME Charles Wrigin	
(a) Residence: No	St., Ward Printerin, Dentar, Mid
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
Male Black OR DIVORCED (write the word)	nor, 13
5a. If married widowed or divorced	(Month) (Day) (Year)
HUSBAND of Ethel Dugues	22. I HEREBY CERTIFY. That I attended deceased from nov. 6 13 1931
6. DATE OF BIRTH (month, dey, and year)	I last saw harmalive on 900, 13 19.31; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at _9_Q,_m.
59 10 15 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
8. Trade, profession, or particular	Paralylee Slees 11/11/59
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and	
10. Oate deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Casses of importance:
(Stete or country)	lug Adomochic
13. NAME Solomon Vinggins	melaffore to liver
13. NAME Solowow Vaggins 14. BIRTHPLACE (city or town). (State or country)	Name of operation Depolotory Splow Oate of 1997. What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Eliza . adays	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary Coling Adams 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
State or country)	Where did injury occur?
17, INFORMANT (Athelt:) regging) (Address)	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
Place Todas Cluster Oate Nor 10 193/	Manner of Injury
19. UNDERTAKER J. J. Franklyn + Am	24. Was disease or injury in any way related to occupation of deceased?
(Address) Felerallehry.	Il so, specify The Market
20, FILED LA 1.4., 1931 M. Alexandre	(Signed) Solon M. D. (Address) Solon M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arterioselerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

BINDING

FOR

RESERVED

MARGIN

No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

OCCUPATION

FATHER

MOTHER

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u>©</u> 13390
County LalbaT	Registration Dist. No. 296
	ND. Frequency Nospilal St, Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	12 ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME IJC Oparled 6. from	why you
(a) Residence: No. Configurable (Usual place of abode)	H., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) SEX OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) Wife of	22. Mar. 5 1931 to Mar. 17 1931
6. DATE OF BIRTH (month, day, end year) Feb. 2, 1833	last saw here alive on Nov 17, 1931; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11-35pm.
9 15 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or perticular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, atc.	Date of onest
SAWYER, BOOKKEEPER, atc.	2 NOV
work was done, as SILK MILL, SAW MILL, BANK, atc	Modure of wip
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. fndustry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. Date decessad lest worked et this occupation (month and yaar) oecupation.	a fall at his home!
12. BIRTIIPLACE (city or town). Tallot Co. (State or country)	Dither Contributory Causes of importanca:
13. NAME 71/2 stare Franchten	20 many from
±	Nama of operation Calucking of hoding Date of Nor 5 3
4 14. BIRTHPLACE (cily or town) (Stale or country)	What test confirmed diagnosis?
15. MAIDEN NAME	23. If deeth was due to external causes (VIDUENCE) fill, in also that following:
15. MAIDEN NAME 16. BIRTHPLACE (city er town)	Accident, suicida, or homicide? Accident state of injury for 5 1931
(State or country)	Where did injury occur? at his bome
17. (NFORMANT P. W. Eddies) (Addrass)	(Specify city or town, county and State) Specify whether injory occurred in IMDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury Jell -
Pface Certhersell Data / 20 1931	Nature of Injury Procline of Cup.
19. UNDERTAKER / With M. Codices (Addrass) Centrule sad	24. Was disease or injury in any way related to occupation of deceased? NO
20. FILED . 18 , 1931 M. Meerica. Registrar.	(Signed) Sastor M.D. M.D.
76 11 -11 - C D	

CTATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BEC 5 1931					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

	ADDITIONAL SPACE FOR F	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation

S. No.

	Registration Dist. No. 290
No.	Mard state of the
. 7d	How long in U.S. It of foreign birth?yrs,mosds.
St.,	Ward. If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
21. DA	TE OF DEATH 7/
	(Month) (Day) # 1931 (Year)
May say	HEREBY CERTIFY. That I attended decoased from ember 7 193/, to November 14, 193/ death is said
	ccurred on the date stated above, at
The PRI	ICIPAL CAUSE OF DEATH and related causes of importance
were as	Meenenica Cobal 11/12/31
Gig	dF.
Other Co	Taka Melieto aluk 11-7-31.
	Tara melloho aluk 11-7-31.
-	Duerperof.
	operation Hove Date of
-	Value of the same
P .	confirmed diagnosis? Was there an autopsy?Hw
	h was due to external causes (VIOLENCE) fill in also the following:
	suicide, or homicide?, 19, 19, 19, 19, 19, 19
	(Specify city or town, county and State) thether injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Manner	f injury
Nature o	injury
24. Was d	sease or injury in any way related to occupation of deceased?
If so, sp	eity A Po
(Sig	ned) / D
	(Address) Ostun
- AT O	evice Canant Relaimana Domination 671 C N.

Registrar.

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	Example I		Example II		
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	PECHIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	DEC 5 1931	July 5,1927	Peritonitis	3 days ago	
	RURNAU V.S.				
Other contributory c	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

f. S. No. 1

N

	PLACE OF DEATH	CERTIFICATE OF DEATH
	County (9/10)	
		Registration Dist. No. 29
	Village or City / Rantf (No	St.: Ward) (If death occurred in a hospitel or institu-
	2 FULL NAME John & Name	etend of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	male white 5 SINGLE, Widower OR DIVORCED (Write the word)	16 DATE OF DEATH 200 (Month) (Year) (Year)
	6 DATE OF BIRTH (Month) (Day) (Year	I HEREBY CERTIFY, That I attended the decessed from 1920 to Nov 7 1920, that I last saw herem alive on 1921,
	7 AGE If LESS th	
	93 yrs. 4 mos. 22 ds or mi	
996	a OCCUPATION (2) Trade, profession or particular kind of work	
	(b) General nature of industry Dusiness, or establishment in	(Duration) 3 yrs mes de
110	which employed or (employer)	
oduli	9 BIRTHPLACE (State or country) Talbot Co.	Contributory Secondary (Duretjon) Jura moe de
very	10 NAME OF Villiam E. Harrison	(Signed) (Address) William M. D.
20	OF FATHER (State or country) all of Co,	*State the Disease Causing Death, or, in deaths from Violent Cause, state (1) Mesus of Injury and (2) whether Accidental, Suicidal or Homicidal.
2	of Mother Mary Carrol	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or country)	At place of deathyrsds. Stateyrsds.
2	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
0 11	Per 11 mg	Former or usual residence.
statemer	(Informant) I I I I I I I I I I I I I I I I I I I	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
910	15 Filed how 10 1981 John Howales	20 UNDERTAKER ADDRESS
	J. Registra	flunam + Harrson of Michaela
	If more banks are needed, address State Regist	trar, 15 W. Saratoga St., Balto., Requesting V. S. No. 1.

13392

(Approv근 by U.S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer—Coul mine, etc. Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons endefinite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the Civil engineer, Physician, household only (not paid Housekeepers who receive a For many occupations a single word or term on without more precise specification as Day Compositor, Architect, For persons who have no occupation Stationary fireman, etc. Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Dobar pneumonia. Bronchopneumonia ("Pneumonia");

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory" or as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) Whooping inges, perilonacum, etc., unqualified, is indefinite); Tuberculosis of lungs, menearbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, approved by Committee on Nomenclature of the as fracture of skull, Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condiinterstitial nephritis, " "Marasmus," "Old Age, cough, Chronic and consequences (e. g., sepsis, Carcinoma, Sarcoma,, etc., of etc. affection need not be vulvular heart disease; The contributory " "Shock,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A ithe data is essential and must be obtained before the certificate is permanently filed.

BINDIN

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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r		Example II		
related causes Date o	of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
C 5 1931 118	915	Attack of epilepsy	1 week ago	
15	921	Run over by street car	1 week ago	
July	5,1927	Perilonitis	3 days ago	
	1 1020	Other contributory causes of importance:	1 year	
May	1,1923	Gastroenteritis		
	July	related causes Date of onset 1915 1921 July 5,1927	related causes Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Ortance: Other contributory causes of importance:	

BINDING

FOR

RESERVED

MARGIN

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUNKAU VASK				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

BINDING

FOR

RESERVED

MARGIN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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ate of onset	The principal cause of death and related causes	Date of onset
	of importance were as follows:	Dutis of daiset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
uly5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
Iay 1,1923	Gastroenteritis	1 year
	1921 uly 5 ,1927	1921 Run over by street car uly 5,1927 Peritonitis Other contributory causes of importance:

13396

1. PLACE OF DEATH	
1. PLACE OF DEATH County 21 bo 1	Registration Dist. No. 290
Village or City Fastan	No. American Wospilalst, Ward
Length of residence in city or town where death occurredyrs,mo	f death occurred in a hospital or institution give its NAME (stead of street and number) s. 5 ds. How long in U.S. If of foreign birth?
2. FULL NAME Charles Murrau	
(a) Residence: No. Caston Md.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX	21. DATE OF DEATH
Male Black PRIVORCED (write the word)	(Month) (Oay) 25, 193 (Year)
58. If married, widowed, or divolced HUSBANO of (or) WIFE of Custina Mulcay	1 HEREBY CERTIFY That I attended deceased from 1931 to 1931
6. DATE OF BIRTH (month, day, end year) MOAL 1875	I last saw h_Lim elive on Mov. 25 1931; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 9m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
52 6 0 T ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Chelm - Spiral - 1/9/3
9. Industry or business in which work was done, as SILK MILL.	N
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oste deceased last worked at this occupation (month and	Milling Jus, Epidemie!
this occupation (month and spent in this occupation occupation	Gof.52.
12. BIRTHPLACE (city or town)	Other Contributory Causes of Mportance: Nocce
E 13. NAME Frank Munay	
13. NAME Frank) Munay 14. BIRTHPLACE (city or town). Donalestus Co-	Name of operation
(State of Country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME & mily Came	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME Could Compare the Country of town).	Accident, suicide, or homicide?
Grand of Country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18, BURIAL, CREMATION, QR REMOVAL	Manner of injury
Place 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Nature of Injury
19. UNOERTAKER James a Special (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO 11 27 , 1931 N J4 . Merries	(Signed) (Address) (Address) (Address) (Address)
Acgorat.	was free free free free free free free fre

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	- 1 year	

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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County Salvat No. Smellegeley Sastalst, (If death occurred in a horpital dinstitution, give its NAME/instead of street and nu Length of residence in city or town where death occurred yrs, mos. ds. How long in U.S. if of foreign birth? (a) Residence: No. (Usual place of abode) St., Ward. (Usual place of abode) MEDICAL CERTIFICATE OF DEATH	ds
(If death occurred in a horpital dinatitution, give its NAME instead of street and nu Length of residence in city or town where death occurred yrs	imber)
Length of residence in city or town where death occurred	ds
2. FULL NAME Stillborn Lewnam (a) Residence: No. St., Ward. (Usual place of abode) If nonresident give city or town and S	
(a) Residence: No. St., Ward. (Usual place of abode) If nonresident give city or town and S	itale 193. /
(Usual place of abode) If nonresident give city or town and S	tate 193. /
	193.
MEDICAL CERTIFICATE OF DEATH	193. /
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH	193.
Male White OR DIVORCEO (write the word) / Jovember 22.	(Year)
5e. If married, widowed, or divorced HUSBANO of CONVICTOR 1 HEREBY CERTIFY That Lattended do	
(ii) WIFE 01	
6. DATE OF BIRTH (month, day, and year) //- 22-31 I last saw h elive on	
7. AGE Years Months Days If LESS than to have occurred on the dale stated above, at m	deam is sai
1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trade, profession, or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which	
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year) occupation this	
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME Maurice Everest Newman 2nd	
13. NAME / aurice Guerest / fewnam 2 nd 14. BIRTHPLACE (city or town) Lagger Date of	
(State or country) What test confirmed diagnosis? Wes there an au	onsv?
15. MAIDEN NAME Laure, Wright 23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIOEN NAME Louises Wright 16. BIRTHPLACE (city or town) Chaptanes 1 Accident, suicide, or homicide? Date of injury	19
(State of country) Where did injury occur?	
17. INFORMANT Mrs. Killiam Winght Specify whether Injory occurred In INDUSTRY, in HOME, or in PUBLIC PLACE (Address) (Address)	E.
18. BURIAL, CREMATION, OR REMOVAL Menner of injury	
Place Preston Oate UDY 24, 1934 Nature of injury	
19. UNDERTAKER Maunice Education of deceased?	
20. FILED 1/24, 19 31 M. M. Neuros (Signed) Melique Seymon (Address) O. A. S. Lynn & (Address) O. A. Lynn & (Address)	U) M. 1
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD NLY, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BIND WRITE PL

V. S. No. 1

N. B.

PLACE OF DEATH	13336 STATE OF MARYLAND
County Old County	CERTIFICATE OF DEATH
	Registration Dist. No. 290
Village or City (No. Mo. (No. Mary)	Ward) a hospital or Institu-
2 FULL NAME Mus. Violet Ca	tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
Jurale White OR DIVORGED (Write the word)	(Month) (Day) (Year)
DATE OF BIRTH	17/ I HEREBY CERTLEY, That I attended the deceased from
1007	195/ to Nov. 9, 1921,
(Month) (Day) (Year)	that I last saw han alive on Maring 9, 1981,
7 AGE If LESS than	and that death occurred on the date stated above, at 12,140 m.
l dayhrs.	The CAUSE OF DEATH * was as follows:
yrs. 2 mos. 6 ds. or min.?	Nephritis Chronic Luterotilia
(a) Trade, profession or	
particular kind of work	
(b) General nature of industry	
which employed or (employer)	(Duration) vrs. mos. ds.
9 BIRTHPLACE	Contributory J.
(State or country)	(Duration) yrs 6 mos ds.
10 NAME OF FATHER	(Signed) 5. Co
Wm. Maume	11-1- 1981 (Address) Easton Ind.
UN 11 BIRTHPLACE OF FATHER	
Z (State or country)	*State the Pissase Causing Peath, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER NAME	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER	At place of deathmosds. In theyrsmosds.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, at thouse if not at place of death?
THE ABOVE IS TRUE TO THE BEST OF MIT KNOWLEDGE	Former or
(Informant) Roy Patrick	usual readence
Preston W. V.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Pysion, Ma. 10012, 19.5]
15 Filed 11/11 1931 M. M. Morres	20 My DERTAKES ADDRESS
Registrai	/11 our por prepar
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., nature of the business or industry, and therefore an Civil engineer, Physician, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. For many occupations a single word or term on or At Home, yrs). Farm laborer, Laborerwithout more precise specification as Day Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many and children, not gainfully em--Coal minc, etc. Wom-Locomotive engineer,

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permanently filed.

V. S. No. 1

PLACE OF DEATH	13399 STATE OF MARYLAND
County Salbot 93-0	CERTIFICATE OF DEATH
C - MATE LANGE OF	Registration Dist. No. 290
Village or City Caslon (No	St.: Ward) St.: Ward) a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE STINGLE, MARRIED, WIDOWED. WIDOWED. WIDOWED. (Write the word)	16 DATE OF DEATH NOV /7 , 193/
6 DATE OF BIRTH (Month) (Day) (Year)	(Month) (Day) (Year) 17 IHEREBY CERTIFY, That I attended the deceased from 192 to 192 ,
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at 6 m. The CAUSE OF DEATH was as offers:
(a) Trade, profession or particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) de,
9 BIRTHPLACE (State or country) andersource	Contributory Secondary Purples you do.
10 NAME OF FATHER SINCENOWN	(Signed). Hayour Tho M. D. M.
OF FATHER Z (State or country) Curkrow	*State the l'iscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Susan Perkins	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Queknous	At place of death yrs mos. ds. In the State yrs mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dee.h?
(Informant) Jose phine Hipson	Former or usual residence.
(Address) Easten Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed 11/27 1981 N. H. Newis Registrar	James W Spence Easton Ind
If more hanks are needed address State Registress	15 W Seretors St. Balto Persuesting V S As 1

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., without more precious are mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, en at home, who are engaged in the duties of the whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, specifically the occupations of persons en-Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E.haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injuly approved by Committee on as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; Example: Measles (disease affection need not be etc. The contributory Nomenclature of the Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

FOR

RESERVED

MARGIN

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 weck ago
1921	Run over by street car	1 wcek ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	.1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Jo Registration Dist. No. Should County C Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foreign birth? ______yrs. _____mos.____ Length of residence in city or town where death occurred statement 2. FULL NAM If nonresident give city or town and State (Usual place of abode) RECO Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4 COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Month) (Year) classified 5a. If married, widowad, or divorcad HUSBAND of 22. CERTIFY. That I attended daceasad from (or) WIFE of × 6. DATE OF BIRTH (month, day, and year) properly Months If LESS than to have occurred on the data stated above 7. AGE Years Days 1 day hrs. The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance 6 or nin. Date of onset 8. Trade, profassion, or particular kind of work done, as SPINNER Jo SAWYER, BOOKKEEPER, atc. pluods may 3. Industry or business in which CUPA work was done, as SILK MILL SAW MILL, BANK, atc..... 000 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and that occupation year) instructions Other Contributory Causes of importanca: 12. BIRTHPLACE (city or town) (State or country) FATHER 13, NAME See 14. BIRTHPLACE (city or town) plain (State or country) What test confirmed diagnosis? be carefully MOTHER IS. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in aiso tha following: important Accident, suicide, or homicide?______ Date of Injury______, 19 OF DEATH 16. BIRTHPLACE (city or town) (State or country) Whara did Injury occur? ___. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. plnods 17. INFORMANT (Addrass) 18. BURIAL, OREMATION. Manner of Injury WRITE CAUSE mation Nature of Injury TION 19. UNDERTAKE If so, specify (Signad) 20. FILED Registrar. (Addrass If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

BINDING

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 5 1881	3		
Other contributory causes of importance:	3	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

7 4 7	STATE OF MARYLAND	-CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	13402
र इन्ह	County albert	Registration Dist. No. 290
Short O	Village or City Easter	No. St. War
1 20 3	Length of residence in city of town where death occurred SC 1/13	If death occurred in a horpital or institution, give its NAME instead of street and number) s
Every CIANS	2. FULL NAME alozothy No Sun	, 10
CORD. Every PHYSICIAN ict statement	(a) Residence: No. EMPROPER EN	fratal whools old Mid.
	(Updat place of abode)	If nonresident give city or town and State
RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
OF ST.	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (registe the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
NDING RMANE: X A C T classified	5e. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, Thet i attended deceased fro
BINDIN EXAC y classifi	(or) WIFE of	Non 1 4 ,1931, to Non 1 5 19 3
	6. DATE OF BIRTH (month, dey, end year)	I last saw here alive on Nor 15- 193 /; death is sa
	7. AGE Years Months Days If LESS than	to heve occurred on the dete steted above, et
FOR. IS A I stated properly	1yu, 11/3 or mia.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
- 70	Z of Tede, profession, or particular	swallowed tye.
RVE		aspiration (Offnelia)
SERV. VK.—T should it may n back	1012	- Aprilating
SHE HE S	Spant in this	V
4 4	12 RIRTHPLACE (city or town) Mauland	Other Contributory Canses of importance:
ADDIA So.	12. BIRTHPLACE (city or town) // augrace of (State or country)	possible Pastrie perforation.
MARGI UNFA supplied n terms,	13. NAME Waller W. Scherel	from a farme for your action.
MAA U U U U U U	13. NAME Waller W. Seller L. 14. BIRTHPLACE (city or town) - Maryland	Name of operation
76	(State of Country)	Whet test confirmed diegnosis? Wes there an eutopsy?
X, WITH carefully TH in pla	15. MAIDEN NAME Course Xord 16. BIRTHPLACE (city or town) - Maryland (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
INCY, W be careful important	O 16. BIRTHPLACE (city or town) - Many Surgers (State or country)	Accident, sulcide, or homicide? (ARRICON) Date of injury 4/14., 19.3,
AINLY, Id be ca DEATH	market (in 1.00	Where did injury occur? A Sucrepturation, Management of Specify whether Injury occurred in IMOUSTRY, in HOME, or in PUBLIC PLACE.
FLA Should OF D.	(Address)	Specify whether injury occurred in IMOUSTRY, in HOME, or in PUBLIC PLACE.
40	16. BURIAL, CIRCINATION, OR REMOVAL	Manner of injury
		Nature of injury
to. 1 —WRITE mation 5 CAUSE TION is	19. UNDERTAKER W. H. Hollis H. Jan. (Address) Pueston Md.	24. Was disease or injury in ony way related to occupation of deceased?
V. X.	20. FILED 11/47, 19:31) Al Planta Constitution of the Constitutio	(Signed) Culture M. (Address) Culture M.
	If more blanks are needed, address State Registrar,	2411 N. Chartes Street, Baltimore, Requesting V. S. No. 1.

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The place of Death County, Ward or suddence include with the place of shado or suddence include with the plac		7 a 7	STATE OF MARYLAND	CERTIFICATE OF DEATH	
COUNTY AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS SERVING ON OR RACE SURGE MARKEN WHO WED, OR DIPORCED Gyrife the word of Cap Virte of Cap	(h	sta UP.	1. PLACE OF DEATH	<u>fa</u>	0400
The second of the hospital or indicated in a hospital or indication, agis an NAME infect of attent and number) (If clash occurred in a hospital or indication, agis an NAME infect of attent and number) (If clash occurred in a hospital or indication, agis an NAME infect of attent and number) (If clash occurred in a hospital or indication, agis an NAME infect of attent and number) (If clash occurred in a hospital or indication, agis an NAME infect of attent and number) (If clash occurred in a hospital or indication, agis an NAME infect of attent and number) (If clash occurred in a hospital or indication, agis an NAME infect of attent and number) (If clash occurred in the long in U.S. if of foreign birth? (If clash occurred in the long in U.S. if of foreign birth? (If clash occurred in the long in U.S. if of foreign birth? (If clash occurred in the long in U.S. if of foreign birth? (If clash occurred in the long in U.S. if of foreign birth? (If clash occurred in the long in U.S. if of foreign birth? (If clash occurred in the long in U.S. if of foreign birth? (If clash occurred in the long in U.S. if of foreign birth? (If clash occurred in the long in U.S. if of foreign birth? (If clash occurred in the long in U.S. if of foreign birth? (If clash occurred in the long in U.S. if of foreign birth? (If clash occurred in the long in U.S. if of foreign birth? (If clash occurred in the long in U.S. if of foreign birth? (If clash occurred in the long in U.S. if of foreign birth? (If clash occurred in the long in U.S. if of foreign birth? (If clash occurred in the long in U.S. if of foreign birth? (If clash occurred in the long in U.S. if of foreign birth? (If clash occurred in the long in U.S. if occurred in Intelligence is a word) (If clash occurred in Intelligence is a word) (If clash occurred in the long in U.S. if occurred in Intelligence is a word) (If clash occurred in the long in U.S. if occurred in Intelligence is a word) (If clash occurred in Intelligence is a word) (If clash occurred i	1	0 = 2	County Jally	Registration Dist. No.	9.0
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(a) Residence: No. (b) History of towns and State Color or RACE St. Ward. History of towns and State	,	/			s ds
(a) Residence: No. (b) History of towns and State Color or RACE St. Ward. History of towns and State	/	Evel IAI	2. FULL NAME James Juits		
PERSONAL AND STATISTICAL PARTICULARS A		SIC tate			
23. SEX SCHOOL OR RACE SCHOOL OR RAC			and the second s		State
DUDY HE AND THE ACTION OF BIRTH (month, day, end year) South He married, widowed, or divorced Huseakh or (or) wife of Sirvagle 12. HE REBY CERTIFY, That Lattended deceased from (or) wife of Sirvagle 13. AGE Years Months Days II LESS than 1 days, has 1 day		REC P. P.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.		
Second S	•	L'X'	Male WI: (OR DIVORCED (write the word)		, 193. (Year)
Second S	NG	NE	HUSBAND of	22 I HERERY CERTIEY That I attended	deceased from
AUDADA A Service and the date stated above, et. 7-2-m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: B. Trade, profession, or particular kind of work done, as SPINNER, SAWYER BODKEFER, etc. SA	IQI		(or) WIFE of Ourgle		
AUDADA A Service and the date stated above, et. 7-2-m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: B. Trade, profession, or particular kind of work done, as SPINNER, SAWYER BODKEFER, etc. SA	SIN	print o	6. DATE OF BIRTH (month, day, end year) Que 23 /879	1 last saw haliva on(1/27/3/19	; death is said
SHALL DINGERIAN OF SHINKER, SAWWILL, BARK, etc. 11. Total time (years) spant in this occupation (month and year) 12. BIRTHPLACE (city or town). 13. NAME 14. BIRTHPLACE (city or town). 15. MAIDEN NAME 16. BIRTHPLACE (city or town). 17. INFORMANT 18. BURIAL, CREMITION, OR REMOVAL 19. UNDERTAKER	ed erly				
SHALL DINGERIAN OF SHINKER, SAWWILL, BARK, etc. 11. Total time (years) spant in this occupation (month and year) 12. BIRTHPLACE (city or town). 13. NAME 14. BIRTHPLACE (city or town). 15. MAIDEN NAME 16. BIRTHPLACE (city or town). 17. INFORMANT 18. BURIAL, CREMITION, OR REMOVAL 19. UNDERTAKER 10	S tate	32) 5 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
TOUR PROPERTY OF THE PROPERTY	IC	70	8. Trade, profession, or particular kind of work done, as SPINNER,	angina lectoris	11-22-
NAME of operation. Other Coatributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) Name of operation. Name of operat	/EI	144	SAWYER, BDDKKEEPER, etc.	0	
NAME of operation. Other Coatributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) Name of operation. Name of operat	'R'	ma	work was done, as SILK MILL, SAW MILL, BANK, etc.		
Name of operation. Date of What test confirmed diagnosis? Was there an aulopsy? 23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Name of operation. What test confirmed diagnosis? Was there an aulopsy? 23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Name of operation. What test confirmed diagnosis? Was there an aulopsy? Specify whether injory occurr? Specify whether injory occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Was disease or injury. 15. NAIDEN NAME Accident, suicide, or homicide? Date of injury Name of operation. What test confirmed diagnosis? Accident, suicide, or homicide? Date of injury Specify whether injory occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Was disease or injury in any way related to occupation of deceased? 24. Wes disease or injury in any way related to occupation of deceased? 25. FILED of 2. 7. 1331. Accident and accid	SE	N s ii	O this occupation (month and spent in this		
Name of operation. Date of What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? 23. If death was due to axternal causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury. (Specify city or town, county and State) Specify whether injory occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. 17. INFORMANT Charles of injury. Placo Canton. Date More 2.6. 19.3. Manner of injury. Name of operation. What test confirmed diagnosis? Was there an autopsy? 23. If death was due to axternal causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide? Specify city or town, county and State) Specify whether injory occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Manner of injury. Nature of injury. 19. UNDERTAKER Jamus a Specify (Address) Santon. Manner of injury in any wey related to occupation of deceased? 24. Wes disease or injury in any wey related to occupation of deceased? 25. FILED 1/2 2 7 1931 MAR. Neuron. (Address) Santon. M. (Address) Amad. (Address) M. (Address) Amad. (Address) Amad. (Address) M. (Address) Amad. (Address) M. (Address) Amad. (Address) M. (Address) Amad. (Address) M. (Address) Amad.	RE	VG VGF tha ons	year) occupation		
Name of operation. Date of What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? 23. If death was due to axternal causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury. (Specify city or town, county and State) Specify whether injory occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. 17. INFORMANT Charles of injury. Placo Canton. Date More 2.6. 19.3. Manner of injury. Name of operation. What test confirmed diagnosis? Was there an autopsy? 23. If death was due to axternal causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide? Specify city or town, county and State) Specify whether injory occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Manner of injury. Nature of injury. 19. UNDERTAKER Jamus a Specify (Address) Santon. Manner of injury in any wey related to occupation of deceased? 24. Wes disease or injury in any wey related to occupation of deceased? 25. FILED 1/2 2 7 1931 MAR. Neuron. (Address) Santon. M. (Address) Amad. (Address) M. (Address) Amad. (Address) Amad. (Address) M. (Address) Amad. (Address) M. (Address) Amad. (Address) M. (Address) Amad. (Address) M. (Address) Amad.	Z	So so action		Hypestension	2 year
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What test confirmed diegnosis? Was there an aulopsy? 15. MAIDEN NAME	[A]	hand the same of t	II IA DIDTUDIOS (situations)	Name of operation Date of	-
15. MAIDEN NAME (city er town) Accident, suicide, or homicide? Date of injury occur? 16. BIRTHPLACE (city er town) Accident, suicide, or homicide? Date of injury occur? 17. INFORMANT (Address) Control of INDUSTRY, in HDME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Place Control of Injury Nature of injury Nature of injury Nature of injury 19. UNDERTAKER CADDED AND COMPANY OF THE NATURE OF INJURY IN Specify (Signed) (Signed) M. M. Registrar. 23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury occur? (Specify city or town, county and State) Specify whether injory occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Manner of injury 19. UNDERTAKER CADDED AND OCCUPATION of deceased? 24. Wes disease or injury in any wey related to occupation of deceased? 25. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide? Accident, suicide, or homicide? Specify whether injory occurr? Nature of injury 24. Wes disease or injury in any wey related to occupation of deceased? (Address) Control of injury (Signed) (Signed) (Address)	2	H 70	(State or country)		ulopsy?
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TIT. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Placo AND 19. UNDERTAKER (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Signed) (Signed) (Address) (Address) (Address)		AT AT	(State or country)		e)
Placo Carlon Date Mor 30, 1931 19. UNDERTAKER James Of Shores (Address) Factor and 24. Wes disease er injury in any wey related to occupation ef deceased? 25. Signed) 20. FILED 1/2 27, 1931 (Address) Registrat. (Address) And	AL Id b DE DE	17. INFORMANT Mary a Jackson	Specify whether injory occurred in INDUSTRY, in HDME, or In PUBLIC PLA	ACE.	
Placo Carlon Date Mor 30, 1931 19. UNDERTAKER James Of Shores (Address) Factor and 24. Wes disease er injury in any wey related to occupation ef deceased? 25. Signed) 20. FILED 1/2 27, 1931 (Address) Registrat. (Address) And	PI hou OF		Manage of Indian		
(Address) Easter and If so, specify 20. FILED 11/27, 1931 M. Neuring (Signed) Sactor M. Registrat. (Address) Sactor M.			0 ==		
(Address) Easter and If so, specify 20. FILED 11/27, 1931 M. Neuring (Signed) Sactor M. Registrat. (Address) Sactor M.		WRI atio AUS ION	1- 1. 1/2		220
20. FILED 1/27, 1931 A. Merres (Signed) (Signed) M. (Address) 5 as ton md -	To. 1	[= 0 -			
Registrar. (Address) 2 as Lon Ma		-: m	20, FILED 1/ 27, 1931 M.H. Meiries	40 7 0-	M.
	>/	平)	Registrar.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND CERTIFICATE OF DEATH

1 1 1	104114
PLACE OF DEATH	STATE OF MARYLAND
County Talbot	CERTIFICATE OF DEATH
County	92-0
	Registration Dist. No. 290
1779 OF (20 A)	(16 3-24)
Village or City Gaston (No.	St: Ward) (If death occurred i
	tion, give its NAME is stead of street an
2FULL NAME LOSELAR C. S.	nuth. number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX A 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
MARRIED, 7	hovember 8, 1931
or DIVORCED	- DOTALLA, 100, 100 h
(Write the word)	_ (Month)(Day)(Year)
6 DATE OF BIRTH	HEREBY CERTIFY, That I attended the deceased from
Upril 22 1860	1 OCX 2 2 198 1. to 1 OV 8 , 193 /
de la constant de la	that I last saw hassislive on Mou 2 193/
(Month) (Day) (Year)	
7 AGE	
6 1 1 day hrs	
O gyrs mos. 7 ds. or min.	Chronic Milral Fromberence
8 OCCUPATION -	
(a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in	Indeficite about 5-
which employed or (employer)	(Duration) vrs. mos de
9 BIRTHPLACE	Contributory
(State or country)	Secondary
Jallot Jount	Qurstion)mosds
FATHER) () () () () () () () ()	(Signed) M. D. and M. D.
William T. Smith	More 9 1021 wis Californ Mid
OF FATHER	7. 192) 1. (Address) (alvais 1) Ma
Z (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
W 12 MAIDEN NAME ()	Accidental, Suicidal or Homicidal.
of MOTHER OM Line	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER TALL	At place In the
(State or Country) Talbol Country	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
	Former or
(Informant) Sarah a Smith	usual residence
(momant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Easton Ind	Balt and To 1 non 10
	13 alternore md nov-10, 1931
15 Filed 1 9231 77-14. Neuro	20 UNDERTAKER ADDRESS
Registrar	Twis. Glorge H. Holland Baltemore

S. No. 1

PHYSI-

stated EXACTLY, properly classified of certificate.

Information should be carefully supplied. ACE should be stated state CAUSE OF DEATH in plain terms so that it may be proper ICCUPATION is very important. See instructions on back of certi-

WITH UNFADING INK-THIS MARGIN RESERVED

CORD

BINDI

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocsary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Physician, Compositor, Architect, state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	13405
County Lelt of	Registration Dist. No. 292
Village or City Mass Track	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs. mos. ds.
2. FULL NAME Saraha & Smith	
(a) Residence: No. 320 Hayan	St. Easter 2
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DIVORCED (write the word) W. Lowers	21. DATE OF DEATH (Month) (Day) , 193 (Vear)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. Mel HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, dey, and year) hune 12 1832	I last saw h. ex alive on 2001, 9 1931; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the dete stated above, at 100 m.
79 4 24 1dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: Date of onset
8. Trede, profession, or perticular kind of work done, as SPINNER. Houselwife SAWYER, BODKKEEPER, etc.	Draheten Privar mil 1920
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10-Date decessed last worked et	1
To date decessed last worked et this occupation (month and the last occupation) 11. Totel time (years) spent in this occupation occupation	
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	General fiet 1931
13. NAME William & Calhoun	contraction (not)
13. NAME William Bloothour	Name of operation Date of
(distributed bounds)	What test confirmed diagnosis? Was there an autopsy?
# 15. MAIDEN NAME Harris to Townsell	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Harman So Saincell 16. BIRTHPLACE (city or town) Delaware (State or country)	Accident, suicide, or homicide?
100 III A Harris	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT III Jorde D. Pallers	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Easton Dete Nov 12, 1931	Nature of Injury
19. UNDERTAKER James Welpines.	24. Wes disease or injury in any way related to occupation of deceased? Wo
20. FILED NOV 127, 1931 Josepha Com	(Signed) orll as long M. D. (Address) Ample 2000
1 Williams	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

No. σ<u>2</u>

PLACE OF DEATH	STATE OF MARYLAND
County Valla	CERTIFICATE OF DEAT
Village or City Oylon (No.	Registration Dist. No. 29 2 St.: Ward) (If death occur a hospital or tion, give its N
2 FULL NAME Don's Lovaine Sa	stead of stre
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR OIVORCED (Write the word)	16 DATE OF DEATH . W. 19 (Month) (Day)
6 DATE OF BIRTH (Mogh) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the decease 1924 to 201, 19'- that I last saw her alive on 201, 19-
7 AGE Y yrs. 3 mos. 21 ds. or min.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Cause: rendetermined. Confer.
which employed or (employer) 9 BIRTHPLACE (State or country) Werester Or	Contributory Secondary (Duration)yrsmos
10 NAME OF FATHER Smithson	(Signed) Joseff al Coro Nor. (9-1930 (Address) Frage my
OF FATHER (State or country) 12 MAIDEN NAME 14	*State the I is ase Causing Death, or, in deaths Violent Causes, state (1) Means of Injury and (2) Wh Accidental, Suicidal or Homicidal.
of Mother Mana Meso/ 13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions ients or Recent Residents) At place of deathyrsmosds. Stateyrsmos Where was disease contracted,
(Informant) Thane Smillion	if not at place of dea.h?
(Address) 4 m 15 Filed 2 1921. Joseff Registrar	20 UNDERTAKER ADDRESS OUTON &
If more b.anks are needed, address Ltute Registr	ar, 16 W. Saratoga St., Balto., Requesting V. S. No.J.

MARYLAND TE OF DEATH

4 5. 4 5. 19

(If death occurred in a hospital or Institu-tion, give its NAME in-stead of street and number.) E OF DEATH ...(Day) attended the deceased from ted above, at ..yrs.......mos......ds. or, in deaths from Injury and (2) Whether spitals, Institutions, Trans-State.......grs....mos.....ds. DATE OF BURIAL

(Approved by U. S. Census and American Public Health Association.)

en at home, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, additional line is provided for the latter statement; it Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from g ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report ployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Foreman, For many occupations a single word or term on Form loborer, Loborer—Coul mine, etc. Wom-home, who are engaged in the duties of the yrs). (b) Cotton mill; (a) Salesmon. without more precise specification as specifically the occupations of persons en-For persons who have no occupation (b) Automobile factory. The material Locomotive engineer, (b) Grocery, Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicoemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping letonus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, approved by Committee on Examples: Accidental drowning; Struck by roilwoy train American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic valvular heart diseose; etc. The contributory Nomenclature of the Always qualify all not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

FOR

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various parsuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH	STATE OF MARYLAND
County Fall of	CERTIFICATE OF DEATH
£ +	Registration Dist. No. 298
Village or City Gaslon (No. Comerge 20 ULL NAME Colward Thomas	Ward) (If death occurred In a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Black Single, Married (Write the word)	16 DATE OF DEATH Yould (a., 1931 (Mooth) (Day) (Year)
6 DAYE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 11/5/31 192 to 11/6/31, 192 that I last saw h Malive on 11/6/31 192,
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at 6 70 m. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Is astricular suptimed
business, or establishment in which employed or (employer)	(Duration) yrs. mos 2 ds.
9 BIRTHPLACE (State or country) Md	Contributory Secondary (Durstion) yrs mos 2 ds,
10 NAME OF Preland Process	(Signed) & E C M. D. Mor 6, 192, (Address) Saston and
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Meaos of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Jack Neutelell	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h? Former or usual residence Adally Manyland
(Address) Address) (Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MOUNTED Md. Nov. 9, 1931
Filed 11/7 193 M. Melensan Registrar	P. B. Pallings Greenbow, M.
1f more blanks are needed, addre.s State Registrar	, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

400000

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day (a) the kind of work and also (b) the (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is lcss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE PI NI WITH III	N. BEvery Item of Information should
SITE PI	tem of i
WF	BEvery

V. S. No. 1

PLACE OF DEATH County Talbo	13409 STATE OF MARYLAND CERTIFICATE OF DEATH
or and or	Registration Dist. No. 290
Village or City Las Jon (No. mer	(If death occurred In a hospital or Institution, give its NAME II - stead of street and number.)
FOLL NAME TO SOLUTION OF THE PROPERTY OF THE P	numoer.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Widowed. Single White Write the word)	16 DATE OF DEATH Wever bew 6, 1931 (Month) (Day) (Year)
6 DATE OF BIRTH Slpk, 7, 193/ (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 to 192 that I last saw halve on 192 to 19
7 AGE [If LESS than	and that death occurred on the date stated above, at 10 20, m.
yrs. 2 mos. ds. day hrs. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Entero-colitis: 2 weeks ewfor
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. 2mosds.
9 BIRTHPLACE (State or country) Carvesie Country	Contributory Secondary M. (Duration) A. yrs) phos
10 NAME OF Willie True	(Signed) (Address) Zastm, JHO
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER ROSE DE Magner	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
11 171	Former or usual residence (reston, Maryland
(Address) Easton Ma	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL 11/8, 1934
15 Filed 11/7 1931 NH-Neemin Registrar	20 UN DERTIKER ADDRESS Willie nice Viestau
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Med.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engincer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealtired 6 yrs). or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed " etc., WILLIAM Laborer, Laborer-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day Stationary fireman, etc. But in many For persons who have no occupation -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," stated unless important. use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic Example: Measles (disease ," "Coma," "Convulsions, affection need not be etc. The contributory valvular heart disease; Measles;

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V. S. No. 1

	PLACE OF DEATH	13410 STATE OF MARYLAND
	County Jalbot	CERTIFICATE OF DEATH
		Registration Dist. No. 290
	Village or City taston (No. there)	tlon, give its NAME in-
	2FULL NAME TIF WITHOUTH	omas (uxx) number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED OR DIVORCED OR DIVORCED	16 DATE OF DEATH W. (Month) (Day) (Year)
	Movember 25, 1856 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1913 to 205. 8, 1913 / that I last saw h Malive on Yw. 8, 1931,
	7 AGE 74 If LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, at 15/A'm, The CAUSE OF DEATH * was as follows: Myscardia Chronic C
-	(a) Trade, profession or particular kind of work	de de la constitución de la cons
1	(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Alkeria Vargulate
	9 BIRTHPLACE (State or country) Wenton, Md.	Contributory Secondary (Du(atjor) 700 mos. de,
	10 NAME OF FATHER ALLEY TUPE	(Signed) M. D. (Signed) M. D. (Address) Earth las
	OF FATHER (State or country) Warth Caroline	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Mary Poly	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country) Wenton, Md.	At place of deathyrsmos. 6 ds. In the Stateyrsmosds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, at the if not et plece of deah? Former or usual residence. Platan Mal
	(Informant) Ae Lau Co Cuff. (Address) Jurlock Md.	19 PLACE OF BURIAL OR REMOVAL DE OF BURIAL PLOS 10 1931
	15 Filed 11/9 1981 M. A. Marris Registrar	29-UNBERTAKER Hollis for heston
1	If more hanks are needed, addre a State Registral	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material person, irrespective of (b) Grocery;

Statement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) telanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "A trophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, State cause for which surgical operation was under-"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJULY cough; Chronic affection need etc. The contributory valvular Always qualify all heart disease; not be

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V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	3 13411
County Tallot	Registration Dist. No. 296
Village or City Eastar	Nomergency Hospital Ward
	death occurred in a hospital r institution, eve its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Fetus. Wheat	ley
(a) Residence: No.	Zot., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH OV (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Nors 27 1931	, 19 , to , 19 , 19 last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
9 Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc.	Ectopic prequarty
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	
A Hade profession, or particular, or particular with a few or known as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) spent in this occupation (month and year) occupation	
12. BIRTHPLACE (city or town) Eastore (State or country)	Other Contributory Causes of Importance:
13. NAME Owen ascomb wheatley 14. BIRTHPLACE (city or town) Grange and	
14. BIRTHPLACE (city or town) In any and	Name of operation Data of
(otate or county)	Whal lest confirmed diagnosis? Was There an autopsy?
15. MAIDEN NAMES as y aret Virginia Bayron 16. BIRTHPLACE (city er town). The anyland (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Ma gaset U. Wheatley	Where did Injury occur? (Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Date 11 27, 131	Manner of injury
19. UNDERTAKER Single Height (Address)	24. Was disease ar Injury in any way related to becupation of deceased?
20. FILED 11/28, 131 NH, Neuras Registrar.	(Signed) M. D. (Address) W

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH County. County. Registration Dist. No. Registration Dist. No. St. Ward It death occurred in a hospital or institution, give in NAME instead of errest and marker) Length of residence in city or juwn when death occurred. (a) Residence: No. Length of residence in city or juwn when death occurred. (b) How long in U.S. it of foreign high? Length of residence in city or juwn when death occurred. (c) How long in U.S. it of foreign high? Length of residence in city or juwn when death occurred. (a) Residence: No. Length of residence in city or juwn when death occurred. (b) How long in U.S. it of foreign high? Length of residence in city or juwn when death occurred. (c) How long in U.S. it of foreign high? Length of residence in city or juwn when death occurred in the occurred in the date stated above, at July 102 (Vent) Length of residence in city or juwn when death occurred in the date stated above, at July 102 (Vent) Length of residence in city or juwn when death occurred in the date stated above, at July 103 (death is said to show a state of the country) Length of residence in city or juwn when death occurred in the date stated above, at July 103 (death is said to show a state of the country) Length of residence in city or juwn and state of the country of	STATE OF MARYLAND	CERTIFICATE OF DEATH
Village or City Acad Sale Man State Man State State and pathology of the sale decided of server and state of the sale decided of the sale decided of the sale decided of the sale decided of server and state of the sale decided of server and state of the sale decided of server and state of the sale decided of server shown of the sale	1. PLACE OF DEATH	13412
Langth of residence in city or Javan where death occurred. 4. How long in U.S. if of foreign birth? 4. OLDER OR RACE PERSONAL AND STATISTICAL PARTICULARS 1. SEX 4. COLOR OR RACE 5. SINCLE MARKED, WIDOWED. OR DIVORCEO (critic the word) S. If married, widowed, or divorced for your persons of the control of the con	County Callot	Registration Dist. No. 290
Langth of residence in city or Javan where death occurred yrs. mos. ds. How long in U.S. N of foreign birth? yrs. mos. ds. 2. FULL NAME (a) Residence: No. The State of Control of the C		No. St. Ward
2. FULL NAME (a) Residence: No. The strict of the strict		death occurred in n hospital or institution, give its NAME instead of street and number)
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35. If matried, widowed, or divorced (cor) wife of Jacob Lubits (cor) wife	PERSONAL AND STATISTICAL PARTICULARS	
5a. If married, withowed, or divorced (cr) wife of July 100 July 1	in committee of pitch of pitches, mineral, minorital,	21. DATE OF DEATH
5. If married, widowed, or divorced HUSDAND CONTROL OF	Tough White Married	(Month) (Day) (Year)
(of) WIFE of All Carlot	HUSBAND of	· · · · · · · · · · · · · · · · · · ·
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Deys If LESS than 1 day, hrs. or. min. 8. Trede profession, or particular sign of particular sign o	(or) WIFE of Same les testing	00.00 12
7. AGE Years Months Deys If LESS than 1 day,	6 DATE OF RIDTH (month day and year)	
1 day, hrs. or min. 8. Trede, profession, or particular were as follows: 8. Trede, profession, or particular were as follows: 9. Hodgy or business in which work was done, as SILK MILL, SAMVER BOUKKEPER, etc. 9. Hodgy for business in which work was done, as SILK MILL, SAM MILL, BAKK, etc. 10. Date deceased last worked at this occupation (month end year) 12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Stete or country) 17. INFDRMANT (Address) 18. BURIAL, CEMANTINN, OR DEMOVAL Plece (Address) 19. UNDERTAKEN (Address) 19. UNDERTAKEN (Address) 19. UNDERTAKEN (Address) 19. UNDERTAKEN (Signed) M. D. (Signed) M. D. M.		
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Whet test confirmed diagnosis? West there en autopsy?	SAWYER, BOOKKEEPER, etc.	Mous Mostellal
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18. BURIAL, CREMATION, OR REMOVAL Plece Sastona That Date 1/10 ., 19 3/ Nature of Injury 19. UNDERTAKER Samuel A DB	17. INFORMANT Mellie Li Man	(Specify city or town, county and State) Specify whether Injory occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
Plece Easton That Date 1/120 ,193/ Nature of Injury 19. UNDERTAKER Date 1/120 ,193/ (Address) 24. Was disease or injury in one way related to occupation of decessed? If so, specify (Signed) M. D. M. D.	(Address) Saston year	
19. UNDERTAKER Sure A DB. 24. Was disease or injury in eny way related to occupation of decessed? 25. FILED 11 19 , 13 1 7 7 70000 (Signed) And A MONOSTV M. D.	C - 1 /2 / /2 /	Manner of Injury
20. FILED 1/ 19 13/ N. M. D. (Signed) And & Market M. D.	Plece Date 117 Date 1991	Nature of Injury
20. FILED 11/19, 13/ N. J. Neins (Signed) And L. Menses M. D.		24. Was disease er injury in eny way related to occupation of deceased?
20. FILED.	(Address) Estone Mid	The sound of the sound of the
Registrar. (Address)		
If more blanks are needed, address State Registrar, 241 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	
County Fall of	Registration Dist. No. 290
Village or City Caston	NoSt, Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos	sds. How long in U.S. if of foreign birth?yrsmos ds.
2. FULL NAME Clines Il Vilkerson	V.,
(a) Residence: No. Frakeside MA	St., Ward.
(U'sual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH November 18 1931 (Year)
5a. If married, wildowad, or divorced HUSBAND of (or) WIFE of A Michigan William (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
5 1	1951, to 100, 18 , 1951
6. DATE OF BIRTH (month, day, and year) Luber our	l last saw h_ev_ alive on // w
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the data stated above, at 330 pcm.
5 2 ormio.	Tha PRINCIPAL CAUSE OF DEATH and ralated causay of importance ware as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, general housework SAWYER, BOOKKEEPER, etc.	with Cholelithianing
9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc	
10-Dato decaasad last workad at this occupation (month and spart) in this occupation (month and spart) occupation	
12. BIRTHPLACE (city or town) Md ' (State or country)	Othar Contributory Canses of Importanca:
13. NAME James # 1/1/cres	
14. BIRTHPLACE (off) or town)	Name of operation
(State of Country)	What test confirmed diagnosis? Charloftsy. Was there an autopsy? 4
15. MAIDEN NAME Guila alice Wafird 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city er town)	Accident, sulsida, or homicida? Date of injury, 19
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Del Wilkerson, (Address) Jug aside Mid.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Place Octo Mai 2 193	- Natura of injury
19. UNDERTAKER 11 B, Standings, (Addrass) Leurs boto ned	24. Was disease or injury in any way ralated to occupation of deceasad?
(AUUI 655) The County of the	If so, specify
20. FILED 11-18-, 1931 D. Melalia. Registrar.	(Signad)

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9.—The industry or business in which the work was done.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
BUTTER STATE V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year-
			1

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Registrar.

(Signed)

Date of onset

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5, 1927	of importance were as follows: Atlack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

Exact

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•	County.	uco	7	* * * * * * * * * * * * * * * * * * *	
/ill	age or City	Fre	ippe) (No.	
1	2FUL	L NAME	Be	won Le	u Sh
	PERSON	AL AND S	TATISTI	CAL PARTIC	ULARS
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' A	GE				If LESS th
			7	- 11.	1 day
		yrs.	<i>V</i> ,	nosd	s. orm
3 (a	CCUPATION a) Trade, pro articular kind	d of work		Infa	uf
b	o) General na usiness, or ex hich employe	stablishment	in	0	
_	(State or cou			ms.	
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ENTS		ER country)		ml.	
R	12 MAIDEN	10	0	La Pul	out

13 BIRTHPLACE OF MOTHER (State or Country)

(Informant)

(Address

13415

STATE OF MARYLAND CERTIFICATE OF DEATH

119

Registration Dist. No. 242

2	St: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH NOV. 13 TK 1981
:	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the decemped from
	nov 13 th 192 to nov 13 th, 194
	that I list saw held alive on nov 13 7, 1923,
3	and that death occurred on the date stated above, atm.
	The CAUSE OF DEATH * was as follows:
}	malnytretion from unproper
	good 8
	(Durstion) yrs. 2 mos ds.
	(Dalaton)
	Contributory Secondary
	(Durstion)yrsmos,ds,
	(Signed) M. D. Deymour M. D.
-	nor/3 1993 (Addies) Jappel
	*Stato the Pissase Causing Death, or, In deaths from Violent Causes, stato (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
-	ients or Recent Residents)
	At place of deathyrsmosds. In the Stateyrsmosds.
-	Where was disease contracted, if not at place of death?
	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	East Field Money Make Aue nov14, 1937
	20 UNDERTAKER MANUAL ADDRESS
	David Roberts Nrapp md
a	r. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

If more blanks are needed, addre s ttate Registrar, 16 W. Saratoga St., Balto., Requesting V

Registrar

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housenuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Physician, whatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Compositor, Architect, Locomotive engineer, (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the Disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid-probably suicide. The n. ture of the injury, approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Inaemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancor" is less definite; avoid American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic valvular heart disease; Example: Measles (disease affection need not be etc. The contributory Nomenclature

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	13410
County Jalbas	Registration Dist. No. 293,
Village or City Cordon	No. St., Ward of death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred	
2. FULL NAME Shefmal & Wil	soul
(a) Residence: No. Lordon (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Tamale Laslora d Sungle	21. DATE OF DEATH
5a. If married, widowed, or divorced	(month) (vay) (rear)
HUSBANO of (or) WIFE ot	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF RIRTH (month day and year) Quely 5-1931,	, 19 , to , 19 , 19 , 19 , 19
and the second s	I last saw h
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cate of onset
Nind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occuration (month and separation this	1
10. Oate deceased last worked at this occupation (month and year)	Mys 8 31 by myorker
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importance: Startes intestinal distorbatices, almost from Buth.
13. NAME Edward Cartes.	24A-3-112,
13. NAME Edward Canker. 14. BIRTHPLACE (city or town) Mary land (Stata or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Carrie Helson 16. BIRTHPLACE (city or town) Grand a (State or country) Hang Land	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide?
17. INFORMANT Carries Milson (Address)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Chaple Cember Oate Nov 12 , 19.34	Manner of injury
19. UNDERTAKER Hugh Melson Cordon And	24. Was disease or injury in any way related to occupation of decaased?
20. FILED 1/- 9, 19:3/1 J. L. Gardner Resistrar.	(Signad) M.D. (Address) M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, mainter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DEC 2 1911	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ACCUPATION is very important. See instructions on back of certificate. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	30417
County Melbas	Registration Dist. No. 293
Village or City has Cordora	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or learn where death occurredyrsyrs	
2. FULL NAME Clear Museum I	elect
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresideot give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J. SEX 4. COLOR OR RACE OR STVORCED (write the word) Temple 5. SINGLE, MARRIED, WIDOWED, OR STVORCED (write the word)	21. DATE OF DEATH
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h Ex alive on Nov 25 3 193/ daath is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, atm.
2 / 0 1 day, hrs. or min.	The PRINCIPAL COSE OF DEATH and ralated causes of importance ware as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	Ch Jellon Franchita
	Juneau.
Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc	buil.
	2 Spin.
yaar) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	afraurlen Por 201
(State or couply)	13
13. NAME Clefton Malures 14. BIRTHPLACE (city or town).	
[14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
E O O	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 19
(State or country)	Whare did injury occur?
17. INFORMANT / Manuel lung (Address) Dordora Ind	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OB REMOVAL	Manner of Injury
Place Perryonny Date for 28, 1934	Nature of Injury
19. UNDERTAKER Silliage Cornest (Address) Martorn (near Cordora)	24. Was disease or Injury in any way ralated to occupation of deceased?
20. FILED //- 27-, 1931, J. L. Gardier. Registrar.	(Signed) M. D. Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cau of importance were as follows:	101	The principal cause of death and related cause of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Compile Alleganian (St. edgenia) on			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH	13418 STATE OF MARYLAND
County Calbal	CERTIFICATE OF DEATH
T. T.	Registration Dist. No. 290
Village or City Raston (No. Emerge	(If death occurred in a hospital or institu-
2FULL NAME Theodore Wrigh	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Black Single, Married OR DIVORCED (Write the word)	16 DATE OF DEATH Marenler 3, 1921 (Month) (Day) (Yesr)
6 DATE OF BIRTH penlettown, 1	17 I HEREBY CERTIFY, That I attended the deceased from Manual A 193 . to Jour 3 , 193 .
(Month) (Day) (Year) 7 AGE (If LESS than	that Yiast saw ham alive on 197 2 1921.
I dayhrs.	and that death occurred on the date stated above, at
O yrs. mos. ds. or min.?	,
(a) Trade, profession or	ruge di dila c
(b) General nature of industry	Deuli Challeystule
business, or establishment in which employed or (employer)	(Durstion) yis mos ds.
9 BIRTHPLACE	Contributory Deouseustion
(State or country)	(Darstion) yrs mos Ods
10 NAME OF Leave Wight	(Signed) The Salay M.D.
OF FATHER (State or country) (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER MAN GRAPT WIN a gold	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
(State or Country) Caroline Co. Md.	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Katie Wright 10	usual residence
(Address) Goldsliss md Ky	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 1/3 1981 M. Merry Registrar	26 UNDERTAKER DORESS
if more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. whatever, write None. For many occupations a single word or term on For persons who have no occupation But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid stated unless important. use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY Chronic Example: Measles (disease affection need not be etc. valvular heart disease; Nomenclature of the The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. WITH UNFADING INK-THIS IS A PERMANENT RECOND. Every item of inforproperly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED þe CAUSE OF DEATH in plain terms, so that it may B.-WRITE PLAINEY,

ż

	CERTIFICATE OF DEATH
1. PLACE OF DEATH	Registration Dist. No. 2 90
County Jacob	
Village or City was Caston (II Length of residence in city or town where deeth occurred yrs mos 2. FULL NAME Orolly Olivia (a) Residence: No. w. Okston	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How iong in U.S. if of foreign birth? yrs. mos. ds. Lowy. St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Yeer
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yaer) Nov. 25, 1923	I last sew here alive on 11 1 10 19 3/; deeth's said
7. AGE Years Months Days If LESS than 1 dey, hrs.	to heve occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: Date of caset
8. Trada, profession, or particular kind of work done, as SPINNER, Child. SAWYER, BOOKKEEPER, etc.	Juffel 1/8/3/
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Thdustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this orcupation (month and	
10. Data deceased last worked at this occupation (month and yaar) 12. BIRTHPLACE (city or town) 12. BIRTHPLACE (city or town)	Other Coatributory Causes of importance:
(State or country) Mid.	_
13. NAME Raymond young	
13. NAME Raymond Joung 14. BIRTHPLACE (city or town) Trapple (State or country) Manufaul	Name of operation Date of Whet test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Lellian Freeman	23. If deeth was due to extarnel causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Lellau Freeman 16. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicida, or homicida? Date of injury, 19 Where did injury occur?
17. INFORMANT Raymond young (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Lapple Dete How 14, 19.3/	Menner of injury
19. UNDERTAKER Maurice C. Newwants (Address) Trapple - Mix	If so, specify
20. FILED Uf 12 , 1931 M. M. Merry Registrar.	(Signed) Grand M. D. (Address) Carlon M. D.
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Balamore, Requesting U. S. No. 1.

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